


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000050927 1. Entity Name RAY-BOB GROVES, INC.	
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Principal Place of Business 5151 SOUTH LAKELAND DRIVE SUITE ELEVEN LAKELAND, FL 33813	Mailing Address 5151 SOUTH LAKELAND DRIVE SUITE ELEVEN LAKELAND, FL 33813
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03212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3583140	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent  STALLINGS, ROBERT H 5151 SOUTH LAKELAND DRIVE SUITE ELEVEN LAKELAND, FL 33813
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALLINGS, ROBERT H POST OFFICE BOX 6100 N/A LAKELAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALLINGS, GERALD RAY POST OFFICE BOX 6100 N/A LAKELAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALLINGS, LAVERN H POST OFFICE BOX 6100 N/A LAKELAND, FL 33807
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04/13/06-80032-018 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert H Stallings* 3/22/06 863-647-9401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #